PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			40				RA	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			40 minus 20=		. 20		X\$ 9=			OR	X\$18=	360	
INDEPENDENT CLAIMS			6 minus 3 =		3		X40=			OR	X80=	240	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+135=			OR	+270=		
* If the difference in column 1 is less than zero					"0" in c	otumn 2	TO	TAL.		OR	TOTAL	1310	
12-(5-05 (Column 1) (Column 2) (Column 3)							SM	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOM	Total	.40	Minus	4	0	- Ø	X\$	9≃		OR	X\$18=		
AME	Independent	• 6	Minus	***	6	- 6	X4	0=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=		
Ω		•				. e. V	ADDIT	OTAL		OR	TOTAL ADDIT, FEE		
1	-5-05	(Column 1)		(Colu	mn 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•			
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	-4	Minus	.4	0	=	X\$	9=		OR	X\$18=	50	
AME	Independent	NTATION OF MI	Minus	ENDEN	CLAIM	- 8	X4	0=		OR	X80=		
_	PINST PRESE	NIAHON OF MI	JEHIPCE DEF	CHOCH	COMM		+13	5=		OR	+270=		
12-20-05 (Column 3)							ADDIT	FEE		OR	TOTAL ADDIT. FEE	5/)	
علم	1-50 G	(Column 1)		(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 44	Minus	4	-/	= 3,	xs	9=		OR	X\$18=		
AME	Independent	· 18	Minus	<u> </u>		- 10	X40	<u>)-</u>		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=			+270=		
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL		
***	lf the "Highest Nu	mber Previously Pa	aid For IN THI	S SPACE	is less tha	n 3, ent <i>er</i> *3. *	ADDIT.	_			ADDIT. FEE		
,	The Highest Nur	nber Previously Pai	d For (Total o	r Independ	ent) is the	highest numbe	r lound in t	ye app	propriate box	in col	umn 1.		

Application or Docket Number